

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JUNE 12, 1844.

No. 19.

PROLAPSUS OF THE RECTUM.

From Sir B. C. Brodie's Lectures at St. George's Hospital.

THIS disease, as it occurs in adults, is, in the majority of cases, internal piles; which, in coming down, bring the lining membrane of the intestine with them; so that it is not disease of the gut itself, but is merely an affection of its lining membrane, produced by the piles. But in children you do not have piles; and in them prolapsus frequently occurs; the gut in children is very thin, in consequence of which intussusception also is common in children; and this partly accounts for the prolapsus taking place. The extreme thinness of the gut, then, appears to be one cause; another is, that, at this early period, the organs of generation are not perfected; the prostate and vesiculæ seminales are not completely formed, so that the parts are not so well supported, cellular tissue and fat occupying the place of these organs. I have frequently recommended in these cases, the repeated application of a lotion, containing one drachm of the tr. ferri mur. in a pint of distilled water, and the patients have been much relieved by it. There is another circumstance I have made out since the publication of my lectures, viz., that as the child grows up, the disease occasionally disappears without any treatment, but this is not always the case; the remedy which I recommend is, nevertheless, very simple; make the child learn to use a bed-pan, so as not to sit up when it has a stool; or what, perhaps, is still better, if you can persuade the friends to purchase an invalid bedstead, such as we have in the Hospital, where you know a cushion can be removed from the middle of the bed, and the pan being fixed beneath, the patient always passes his stools whilst in the recumbent posture; there is no difficulty in teaching a child to pass his motions in this position, and then the rectum will not come down. This plan should be followed for a year or two, and then, as the child gets stronger, the disposition to prolapsus will be overcome, and the treatment may be discontinued. Whilst conversing a short time since with a friend of mine (Mr. Maudsley, of Hanover Square), he mentioned that in his old patients who suffered from internal piles, he had observed, that where they were bed-ridden for any length of time by any other disease, the piles always disappeared; and it was from this circumstance that I first tried the recumbent posture for the cure of prolapsus, which, as I have mentioned, I find to answer most perfectly. The simple operation of

tying piles is not always unattended with danger. When I delivered the lecture to which I have adverted, I had performed the operation several hundred times, and had only lost one patient; but I am sorry to say, since that time, I have lost no less than three patients after this operation. But a patient may die from the piles; so that if there is a little danger attending the operation, it is no reason why it should not be performed. But in all cases, gentlemen, where you think there is danger, endeavor (as I recommended to you in my last lecture) to make out what is the cause of that danger. In those cases which have proved fatal, I have always found diffuse cellular inflammation about the rectum, which has risen as high up as the mesentery; or else there has been effusion of lymph in the part surrounding the rectum; in short, they all died of diffuse cellular inflammation. Now, this affection is principally dependent upon the state of the patient's general health; and those who die from this cause in the Hospital, are generally persons who have been largely addicted to drinking: the same cause, in the higher classes, tends to the formation of carbuncle. In the first who died here, the kidneys were soft, and precisely in that state in which they were found to secrete albuminous urine; and in the bladder I found a fibrinous calculus, the only one I ever saw; when dried, it shrunk almost to nothing; its formation can only be accounted for from the overloaded albuminous state of the urine. This patient was, of course, in an unfavorable state for any operation, but I did not previously ascertain the state of his water: and if I had, I did not know sufficient of the disease to have cured it. The next patient had a great deal of bleeding from the piles, but here I examined the state of the urine with Dr. Prout, and found it to be loaded with albumen. In all cases, if the patient is not in perfect health, and you find the albuminous state of the urine, you may suspect the disease of the kidneys. The third patient was a man who had always been ailing, and was a sallow, miserable-looking person. I told him he had better not have the piles tied; but he said they were extremely troublesome, and begged I would do it. I did so, and in a few days he died from the same cause as the two former; but here I operated at the patient's own particular request. Of course, it is always important that the patient should run no unnecessary risk; therefore, at all times previous to operating, ascertain whether his general health is good, and never omit examining the urine; if it contains no albumen, and the patient's health is otherwise good, there is no more danger attending it, than there is in bleeding a person from the arm; there is no operation which, under certain circumstances, may not be dangerous. I have known many die from cellular inflammation following blood-letting; so also after cupping, erysipelas may follow. I have known persons die from the sting of a bee, and others from pricking minute abscesses to let out the matter. In all these cases, the fatal result is to be attributed to the state of the constitution, and not to the operation.—*Medical Times.*

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Med. and Surg. Journal.]

At the semi-monthly meeting, May 1st, 1844, of the Medical Department of the National Institute, Dr. Lindsly, to whom the subject had been previously referred, presented the following abstract of a communication from James L. Day, A.M., M.D., late physician to the colony of Liberia in western Africa, and United States Agent for taking care of re-captured Africans—and, on motion, the abstract was ordered to be published.

This paper discusses various subjects of public interest and importance, and is highly creditable to the industry and intelligence of its author. He takes up in their order and discusses the questions proposed by this Department in their medical circular.

Question I. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?

He gives a description of Monrovia, the principal town of the colony of Liberia, from which he dates his letter, and to which and the country immediately surrounding, his personal observations were chiefly confined. This town is situated in lat. 6 19 north, in the neighborhood of several extensive swamps and marshes, which he considers abundant sources of malaria, and quite sufficient to account for the prevalence of the fever which in former years has proved so fatal to the whites who have emigrated to that country. Most of the inhabited points along the coast are similarly situated, as Gambia, Sierra Leone, Bassa Cove, Cape Palmas and Cape Coast. "But," he remarks, "the redeeming feature is the south-west sea-breeze, which not only blows by far the greater part of the twenty-four hours at all seasons, but in the rainy season is the prevalent wind, there being seldom much land breeze, even at night, during the six or seven rainy months; and again to mitigate the otherwise destructive effects of so great sources of malaria, we have the tornado seasons which characterize the changes from dry to rainy and from rainy to dry seasons. By their sweeping winds, abundant discharges of electricity and torrents of rain, they purify and cleanse the air."

Question II. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?

In answer to this question, he states that it is only about twenty-two years since the colony of Liberia was first established—that during that period something has been effected (quite as much as under the circumstances could be expected) in the cutting down of the forests, draining the swamps, and in cultivating the soil—and that owing to these improvements and the better modes of treating disease, the acclimating fever, as it is called, which attacks almost all the emigrants, is much milder in its character than formerly, seldom confining the colored man more than a few days, and then leaving him in perfect health—and very frequently

proving dangerous even to the white, in whom it is generally very easily controlled by the administration of appropriate remedies.

Question III. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?

Liberia being a recently settled country has no manufactories, properly so called, and of course the question requires no discussion. They have artizans of various kinds, house-builders, tailors, blacksmiths, rope-makers, tanners, &c. &c.

Question IV. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?

In answer to this question, Dr. Day remarks, "All fevers of miasmatic origin have so close a resemblance to each other, except in intensity, it seems scarcely proper to call a fever of one miasmatic district an endemic, when the same fever is common to every other place where the same causes operate with the same degree of violence. But though the fever of this coast may be similar to the Bengal, the Jamaica and others, I find no works on tropical countries, which treat of remittents and intermittents and their cure, that I would follow implicitly in my practice, and therefore we may speak of the endemic fever of this coast in answering the next question."

"We have also among the natives of this country, diseases we believe originally peculiar to them, and by them through the slave trade introduced into the West Indies and other slave-trading countries. One called the 'yaws,' an African name, will be found described in a small work entitled 'Hilary on Air, with notes by Dr. Rush, p. 245 (1811).'" This disease Dr. Day does not describe more particularly. Another affection, called the "craw craw," prevails rather extensively among the natives. It consists of a fine-pointed, vesicular, watery eruption, very troublesome from the excessive itching it causes, often covering the body from head to foot, exceedingly disgusting in its appearance, and capable of propagation by contagion. Having had but little opportunity of seeing these diseases in the colony of Liberia, as they prevail chiefly among the natives, Dr. D. does not enter at all into their pathology or treatment. Epidemic diseases have occurred but seldom. Several years since, the smallpox prevailed extensively and proved very fatal among the native tribes, while but a single *colonist* died from it. Dysentery has also occasionally assumed an epidemic character, though not particularly malignant or fatal, yielding pretty readily to an internal stimulant treatment. Sporadic cases of leprosy are found among the native population.

Question V. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have been under any circumstances transmitted by contagion?

Answer.—The endemic, commonly called the African or coast fever, originates no doubt from the malaria generated from the extensive mangrove swamps almost everywhere present along the coast, combined with

that generated from the vegetation everywhere luxuriant and decaying with great rapidity in this warm country, especially in the season of the periodical rains. This once assumed the character of a malignant bilious remittent, rarely taking the milder form of intermittent or tertian agues. Recently, from the causes before suggested, when remittent it is more mild, and oftener it appears in the intermittent form. In general it yields readily to remedial agents, and it is found the best practice is one in which mild mercurial cathartics are used by day and sedatives at night, avoiding the danger of bringing on, by drastic purgatives, fatal hypercatharsis—and likewise avoiding entirely the use of the lancet, except possibly sometimes it may be employed in cases of sailors of full plethoric habit. But even in such cases, Dr. Day remarks, he would resort to it with fear and great reluctance. At the first intermission, and in some cases the first considerable abatement, without waiting for a distinct intermission of the febrile symptoms, after the system has been brought under the action of calomel, he gives the sulph. of quinine, in doses of from five to twenty grains, according to the circumstances of the case. After having once prepared the system and commenced the use of the quinine, he remarks, he is rarely compelled by the return of the fever to stop it, except during the after part of the day, for the first or second day of its employment. It is continued in small doses for about three days, and then administered, dating from the interrupted paroxysm of the fever, on the sixth, thirteenth and twentieth days thereafter, there being a constant tendency in such fevers to return at septenary periods.

The necessity in that moist and warm climate of speedy interment, together with a strong prejudice against such things, precludes the possibility of frequent or even occasional *post-mortem* examinations. But from the symptoms it is observed, says Dr. D., that the violence of the disease by the derangement of the biliary system falls primarily upon the stomach, and through sympathy affects the brain, simulating in many cases brain fever, and almost leading to a belief in the existence of inflammation of that organ. It has been proved most conclusively, where resort has been had to direct depletory measures to reduce the supposed inflammation, that yielding to such a belief proves fatal to the patient in most cases. But counter-irritants to the epigastric region are almost indispensable to a speedy cure, as by their use we avoid that continued weakness of the digestive organs that brings a train of attendant evils. He goes on to remark, *that in no case and under no circumstances has it proved capable of being transmitted by contagion.*

Question VI. What change has taken place in the type of disease, within a series of years, in your district, and to what is such change to be ascribed?—This question has already been answered in the replies to the second and fourth.

Question VII. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion and from what causes?

The remarks embodied in the previous answers, showing the malignity of the diseases, particularly the fever, of this climate to have been miti-

gated as the clearing and cultivation is extended and increased, and showing, too, that a better system of practice has been the result of the twenty years' experience in this colony of the diseases known within its limits, have in effect answered to this question that the average duration or probability of human life has increased within these few years, although there are no regular statistics to which access can be had to determine this point with absolute certainty.

Question VIII. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?

In answer to this question, Dr. Day remarks that he considers that the colored man, in emigrating to Africa from America, incurs much less risk to health and life than he would in going to Canada or the West Indies—that the cold of the former would produce more severe and more fatal diseases than are encountered in Africa, while the yellow fever of the West Indies, which is entirely unknown to Liberia, is much more dangerous than the mild acclimating fever to which the negro is liable upon landing in Africa. Upon the whole, he contends that the danger incurred by the colored emigrant is very slight indeed—and that even the white man is much less exposed than is generally imagined, many having lived in the colony four, five, six, seven and eight years in tolerable health, while many slave dealers have grown gray in the pursuit of wealth by their horrid traffic.

Question IX. What is the relative degree of health, longevity and increase of the slaves and free blacks; which suffers most from the influence of your epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?

As there are no slaves in the colony of Liberia, this question is not applicable to their state of society.

Question X. What is the annual number of marriages, births and deaths, to each thousand of your population, and what is the proportion of male and female children born?

In answer to this question, Dr. Day remarks that there are no statistics by which the facts can be ascertained with any degree of accuracy.

Question XI. Have you any cases of great longevity, what have been the habits and occupations of such persons, and were they natives of your district, or emigrants, and from what country and place?

He replies that they have a few cases of great longevity; the most remarkable of which are two emigrants who came here from the United States, one of whom is 102 years of age and the other 105.

There are occasionally instances of remarkable longevity witnessed among the natives, but they are rare, in consequence of the cruel treatment towards the aged among most of the African tribes. Age is respected only where it has power to enforce that respect. Men, and especially women, find little sympathy, when they come to that age where the dependence of second childhood throws them upon the charity of others.

Question XII. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon

the duration of life, the health, strength and activity of the body and mind?

In reply to this question, Dr. Day states that there are no such instances to his knowledge, among either the native or colonial population. The diet of the natives is mainly vegetable, being mostly rice, cassava, and the product of the palm variously prepared. They likewise eat almost everything endowed with animal life—elephants, cats, dogs, leopards, snakes, horses, alligators, lizards, monkeys, grubs, snails, bats, locusts and flying ants.

Question XIII. What has been the effect of the temperance reformation upon the strength and health of your citizens?

As the curse of intemperance has not made rapid progress in the midst of this people, the excitement has not been great to labor in the cause of temperance with much zeal. But the custom prevails to some extent of buying ardent spirits for trading with the natives, and as far as practised must prove injurious—though it is a rare sight to see a native man intoxicated with anything but the wine made from the juice of the palm-tree, which, when a day or two old, becomes quite exhilarating.

Dr. Day promises another communication to the Medical Department of the National Institute, when more at leisure, in answer to the remaining questions of their circular.

CASE OF HEMIPLEGIA.

By A. F. Carr, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. B., æt. 65, farmer, tall and spare; height six feet, neck in proportion to his height; head rather small than otherwise; of respectable mental endowments, and considerable vivacity; never enjoyed robust health, but by a prudent course of regimen, has been able to labor almost every day of his life. This morning (October 8, 1843), while putting on his coat, without any premonition, his left side became paralytic. I saw him within half an hour after the attack. I could not learn that he had been comatose. He appeared lost when they placed him upon the bed, and was somewhat confused after I arrived; but there was nothing like profound coma. There was that peculiar fatuous expression of the face which characterizes palsy of the *portio dura* of the seventh pair of nerves. The tongue, when he attempted to protrude it as usual, turned towards the affected side. No sensible difference between the temperature of either side, and only partial anæsthesia. Pulse 50 and soft; pain in the right side of the head, just above the temporal fossa; respiration but slightly interfered with. There was no engorgement of the vessels of the head or neck. Some little difficulty in swallowing. His voice had lost its accustomed tone, and had become whining and childlike. Our prescription was:— Sub. mur. hyd., gr. x., assisted by senna and zingiber; foot-bath; frictions upon the limbs and along the spine with the hand, and aq. am. quad. spts rosemary, āā ʒ ij.

October 9th.—No operation of the bowels ; can draw the leg up and move the arm a very little ; but they feel large and heavy ; considerable heat upon the surface of the body ; pain in the head increased, and the veins of the neck and head fuller than on the day before, but not engorged. Did not see fit to bleed. More cathartic medicine was taken.

10th.—Better in every respect ; physic has operated favorably ; obtained the control of the muscles of the face to some extent ; the tongue still turns towards the affected side, and is a very little coated. Says he has a good appetite.

I learned to-day that several years ago his little finger upon his left hand became numb suddenly, while stooping for some purpose, and subsequently his left arm was palsied—both of which were relieved by frictions.

This patient walked about in less than a week after receiving the shock, and I did not see him again until December, when he called upon me for medicine “to make him sleep.” Had been able to walk and ride about, but had not slept for eight nights ; felt perfectly calm and easy, but could not lose himself in sleep. Musk and morphine procured a good night's rest ; but did not answer so well afterwards as an infusion of valerian and the foot-bath. I have been informed that previous to October he had not rested well at night.

March 27th, 1844. Visited the patient. He related his case in a whining voice, which had continued since his paralytic attack. Said that in January, while tying up his cattle, he awoke under their feet, and has fallen twice since while walking. Thinks he could produce one of these falling fits by raising his hands high over his head. He is easily affected to tears ; his memory is impaired, and he finds it difficult to confine his attention to his ordinary affairs. I noticed his skin to be dry, but not hot ; bowels costive ; tongue covered with a white coat ; the function of the urinary bladder healthy ; pulse 23 the minute, and remarkably regular. Complaints of dark clouds passing over his mind, which obscure his senses for a moment, and simultaneously a spasmodic contraction of the muscles of the left leg may be observed. He appeared sensible of the approach of this eclipse, as he called it afterwards when it occurred oftener, and only lost his senses when it became total. It gave him the idea of death, and depressed his spirits exceedingly. These paroxysms occur more frequently when he attempts any mental effort.

29th. Saw Mr. B. before he arose in the morning. There was not much variation in his symptoms from the 27th. He fancied himself better : his skin, in fact, felt more moist and natural, and the tongue slightly improved. He suffered no pain, and appeared less depressed ; none of the “eclipses” during the night. There had been a motion of the bowels. The pupils of his eyes, I noticed, were more than usually dilated, and throughout his disease there was no sensible variation in them, notwithstanding the different degrees of light to which he was exposed ; pulse 22 the minute.

30th.—I find his pulse as low as 20. He sits up and converses with cheerfulness, walks about the room, and feels quite encouraged.

31st.—Cheerful; has not had any of the dark spells; pulse 28.

April 1st.—Found my patient attempting some little business, adjusting accounts with a neighbor, which occupied several hours. In the afternoon I was sent for, and found him much worse. Dark clouds are continually passing over his mind, which create the most gloomy apprehensions. Notwithstanding everything like mental effort was strictly interdicted, he made his will in the evening, thinking he should not survive the night. Vomiting took place about 12 o'clock, which afforded relief, and I found him in the morning with a pulse 34 the minute, but extremely exhausted. This momentary suspension of intellect continues—perhaps he lost all consciousness twenty times during the night. Afternoon—has abstained from conversation through the day, and feels revived. His bowels answered to a cathartic.

2d.—Rested the first of the night, but the latter part was disturbed by the darkness which continued at intervals for two hours, wholly depriving him of rest for the remainder of the night. Pulse for the first time irregular—between each pulsation there is an interval of between two and three seconds; at every twenty beats there follows a pulsation of less force, succeeding which there is an intermission of seven seconds; in all, 25 the minute.

3d.—Mr. B. has had a comfortable night, but few "eclipses;" pulse 29 the minute, and regular; tongue less coated; appears better in many respects; converses well, and enjoys some anecdotes related by his brother.—About noon he felt a motion of his bowels, and arose without assistance, and walked to the stool. His wife stepped into an adjoining room, and when she returned, having been absent but a moment, he had fallen back, apoplectic, and died immediately.

What the organic lesion was upon which these symptoms depended, we are left to conjecture, it having been impossible to obtain a *post-mortem* examination. Might it not have been a case of *ramollissement* of that part of the brain from which the heart receives its nervous influence? It appeared to me that cerebral hæmorrhage, the ordinary cause of hemiplegia, would not account for all the symptoms. If there had been an effusion in October, absorption would have taken place to some considerable extent within five months, and the brain have resumed its proper influence. At last there might have been an effusion. But this is all conjecture, and perhaps not rational.

Goffstown, N. H., May 29th, 1844.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VI.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 314.]

FROM the view which has been taken of the subject, and the facts that have been adduced, it will appear to follow as an unavoidable

corollary, that epidemic puerperal fever either may, or may not, be contagious, according as it may happen to be merged in or accompanied with contagious or non-contagious diseases. Whatever the tendency of the prevalent disease or epidemic diathesis may be, the puerperal cases of that period assume its distinctive livery. Upon this subject Fleetwood Churchill, in his treatise on Midwifery, has very justly remarked, "Whatever the epidemic influence may be, there can be no doubt that to it the majority of cases are attributable, especially the worst and most fatal." Most, if not all, of the puerperal epidemics of which we have any authentic accounts, have been accompanied either by erysipelatous or typhoid fevers. The prevalent disease has given the type and general character to the complaint. When the epidemic constitution of the year has produced erysipelatous fevers, the puerperal affections have put on the same essential characteristics, as facts, when carefully scanned, demonstrably show to have been exemplified at Aberdeen, Leeds; and recently in New Hampshire, Vermont, Indiana, &c. In other instances, when typhoid fevers have been epidemical, as reported by Clarke and Collins at London and Dublin, the puerperal fevers have been of the low typhoid type, and not unfrequently attended with petechial eruptions. Hence the question in relation to the contagiousness of puerperal fever resolves itself into the simple fact, whether the prevailing epidemic be contagious.

In all diseases which are epidemic, it is extremely difficult to decide upon the question of contagion, inasmuch as the cases which support most strongly the contagiousness of the disease, may almost all be explained by the prevalence of the epidemic cause. It is clear, however, that some reported cases of puerperal fever are so manifestly produced by contagion, that it must be admitted that it is occasionally thus communicated. This admission, however, ought to be regarded an *exception* rather than a rule, especially in its erysipelatous form. That it may be carried with *unwashed hands*, in the manner not long since reported in this Journal, or by infection, either of typhus or erysipelas, in clothes which have imbibed infectious matter, there can be but one opinion entertained. It becomes the practitioner to see that his hands are well washed, his clothes clean and unfilthy, or not only to quit practice, but all decent society.

Attention to cleanliness and purification completely checked the ravages of puerperal fever from February, 1829, till the close of Dr. Collins's mastership, November, 1833, in the Dublin Lying-in Hospital. Patients who wished, received attendance and necessary assistance at their own houses. Although the disease had become alarmingly rife in the Hospital, it was not communicated by either the medical attendants or nurses to patients at their houses. The disease made no more ravages for nearly five years.

From what I have said, it may be inferred that wherever epidemic erysipelas occurs, it will always be accompanied with the child-bed cases. This is far from being the fact. During its recent epidemic visitation in this region, in the years 1841, 42 and 43, although it occurred to a greater or less extent in, at least, twenty towns, its occurrence in its pu-

erperal form was mostly confined to Middlebury, Crown Point and Moriah. Several cases of this description occurred in New Haven, some in Bristol, one or two in Salisbury, and some in Brandon. If, in this form of the disease, it had been as contagious as it has been represented by *some eminent writers*, why did it not become more generally prevalent? Certainly there was a free intercommunication among the sick and the well, not only among the people, but among the nurses and the doctors; and this intercourse extended to all cases, whether of the simple erysipelatous, or of the erysipelatous in its puerperal garb.

Causes and Character.—The remote cause of the extensive prevalence of erysipelatous fever for several years past, is obviously atmospheric—the essence of which is probably of a terrene origin. Its entity or real character will probably remain unknown till some fortunate discoverer shall detect the true materiality of malaria. Suffice it to say, that this epidemic diathesis was universally experienced in this vicinity at each occurrence of the complaint in the years of 1826 and 42. Its influence has appeared to have been rendered latent or active on the human system by innumerable and ever varying circumstances. In this place, the epidemic influence at each period was so great that hardly an individual could be found who at some time, during its prevalence, did not experience the premonitory indisposition, to a greater or less degree. This premonitory ailment usually resembled a catarrhal affection, with a soreness and diffuse inflammation of the surface of the throat. These symptoms, in the course of two or three days, in a majority of the instances, have disappeared without any important medication. In other instances, these mild affections have been preludes to severe attacks. The accession of the disease has usually commenced with violent chills and rigors, followed by intense feverish heat, constant and deep-seated pain in the head, and migratory pains in the back and limbs. The throat, although in some instances it had not excited the attention of the patient, has uniformly been found inflamed, and the tonsils swollen. This last affection has usually advanced rapidly, so that in a few hours deglutition could be performed only with extreme difficulty. The tongue, at this stage, has been considerably swollen, ~~and~~ ^{in some instances} it became so enlarged as to fill the mouth, and ~~prevent the passage~~ ^{prevent the passage} of anything to the stomach. This was, however, rather a rare occurrence. The surface of the mouth was generally, in bad cases, in a state of vesication, somewhat resembling apthæ. In some instances this vesicated state evidently extended into the larynx and trachea.

In the course of a day or two, the disorder of the throat and mouth has usually become mitigated or entirely gone, and proportionally as the original local affection diminished, the face, scalp or side of the neck have become affected with a diffuse inflammation, swollen, painful, hot and vesicated, assuming by this migration the unequivocal characteristics of erysipelas. The local affection has rarely remained any considerable time in one location, except when it seized a deep-seated or internal organ, muscular tissue, cartilage or bone. When on the external integuments, it has occasionally passed over the head, down the

neck and body, and terminated its migrations on the limbs. Sometimes its changes have been to the brain, the lungs, the liver or the abdominal viscera. No instance has fallen under my observation, either in practice or on dissection, where its location has been confined either to the skin, the mucous, the serous or fibrous membranes. These have each and all been involved in the disease, together with the subjacent tissue.

When the local affection has occurred in the lungs, there has been violent dyspnœa, and great distress or pain in the chest. The respiratory murmur has been much diminished, and unless the disease was speedily arrested, the expectoration has assumed a dark and grumous appearance, which, in this disease, the father of medicine appears to have regarded as "*purulent and putrid.*"

In the abdomen, its location has been indicated by the severity of the pain and exquisite sensibility of the abdominal integuments, which soon became tense and distended. In short, in this condition the symptoms have been those manifested in puerperal *peritonitis*. In all these cases the pulse has been frequent and quick. Occasionally the local affection has seized the soles of the feet, ankles, or palms of the hands, and when thus located much pain and distress have been experienced. In these situations the duration of the complaint would be greatly protracted.

Petechial patches, on various parts of the surface, have been no uncommon occurrence. In some few cases, the whole cutaneous system has been covered with an efflorescence like *rosalia simplex*. These cases have been very mild, hardly requiring any medication.

The constitutional disorder has continued from one or two, to eight or nine days, when convalescence or death has ensued; unless the complaint has been prolonged on account of an unfortunate location, in which case its duration has been uncertain, varying from one or two weeks, to six, or even as many months.

At the onset, in some cases, the complaint has very closely mimicked rheumatism. One or two of the first cases of 1842 were of this description, and speedily proved fatal from congestion. Recoveries from this form of the erysipelatous epidemic have been tedious and protracted. These ~~maske~~ ^{maske} ~~under~~ ^{under} have usually, during their course, evinced their specific or erysipelatous character by the distinct appearance of numerous papulous eruptions over the surface of the part affected.

[To be continued.]

LUMBAR ABSCESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—About one year ago I was requested to visit a Mr. Tucker, in Cumington, aged about 30 or 35 years, who had formerly been accustomed to high living and some irregularities, but for a year or two previous had abstained entirely from alcoholic stimulants. Being an intelligent and active man for business, he had recently been in a country store, in the capacity of clerk. I found him laboring under an extensive

lumbar abscess, with hectic symptoms, having such profuse night-sweats that his attendants were in the habit of changing his night-dress in the course of each night. He was not, and had not been, exercised with much pain—walked about the house in a slow and cautious manner, partially stooping; and many who had seen him judged from his countenance and general appearance that he was laboring under some singular and fatal disease. There was very extensive tumefaction in the left lumbar and neighboring regions, with obvious fluctuation; but nothing of the kind in the region of the groin.

Not expecting to meet with any such kind of case when I left home, and having never before been called to prescribe for the like, I was disposed to delay opening, and consult my authorities. But I directed iodine ointment, hydriodate of potash in small doses internally, and left the patient under the care of Dr. Tobey for one week.

Being unable to find, after returning home, any authority for using iodine for lumbar or for psoas abscess, *in particular*, though probably there *is* such authority—and finding the weight of authority to be in favor of opening, I made my next visit under the expectation of doing so. But finding there was decisive improvement, I advised to continue the same course (only substituting the iodide of lead ointment for the other, whenever the skin should be much irritated) for another week.

On my third visit I found still further improvement; and, directing one-sixteenth of a grain of corrosive sublimate three times daily in an *infusion* of sarsaparilla, instead of the hyd. pot., I again delayed opening. On my next visit I found the improvement had been very rapid—so much so that I could but regard the mercury and sars. as a much better medicine for the case than the hyd. pot. Under this course, continuing the two iodine ointments alternately, the patient within a few weeks entirely recovered. To the best of my recollection I did not visit him again, but in the latter part of October I saw him, plump and hearty, *although* he had then been married several weeks, if not months.

The foregoing is all the treatment of consequence resorted to in the case after I first saw the patient. Perhaps a laxative pill, or so, was given now and then; but *I* have not the faculty of reporting a case, some six or twelve months after its termination, with all the minutæ as to symptoms, diagnosis, prognosis and treatment, and this too under particular dates, just as if I took daily notes of the case, when, in fact, I *took no notes at all*. I recollect, however, that more of the iodide of lead ointment was used than of the common iodine ointment, and that the amount of the two was, probably, about four ounces.

Ashfield, May, 1844.

CHARLES KNOWLTON.

TYPHOID FEVER.

A Clinical Lecture of Professor Dunglison, Philadelphia.

THE Professor first presented to the class a well-marked case of typhoid fever, by which to illustrate some observations which he desired to make upon this important disease before the close of the session.

The class, he said, were aware that, within the last few years, a division had been made in what was before regarded as typhus fever, into two distinct forms—*typhus* and *typhoid*, based upon a distinction in the pathological lesions, and therefore in certain of the morbid phenomena. In this division, the celebrated M. Louis, of Paris, had particularly distinguished himself, by his care and skill in investigating and presenting what he considered to be the distinguishing traits of typhoid as compared with other fevers.

This distinction (which is not, however, admitted by British authorities in general) consists, as alleged by Louis, in the absence, in true typhus, of any intestinal lesion; whilst, in typhoid, there is generally—some say, universally—a well-marked affection of the follicles of the intestine, and most commonly in those patches of Peyer which are found in the ileum, near the colon. In typhus, petechiæ and vibices, or livid marks, such as would be produced by the stroke of a whip, are observed; which, being absent in typhoid, are usually counterbalanced by the occurrence, after the first week, of *taches rouges*, or rose spots, resembling flea-bites. These disappear on pressure, but immediately recur on its removal.

Meteorism and enlargement of the spleen are also said to be usually present in the typhoid form. Both, however, are found to occur frequently in other affections.

These divisions, the lecturer thought, are not proven; and instead, therefore, of adopting the views of those who regard the follicular affection as the primary lesion, and, as such, productive of the phenomena observable in typhoid fever, he would rather regard it as an accidental difference in the expression of adynamic fever, or as a mere variety of the same disease as typhus. Thus, since the attention of the pathologists of Great Britain has been more directed to the diagnosis of the typhoid affection and typhus, it has been frequently discovered, that to the alleged pathognomonic symptoms of typhus have been added the intestinal lesion, meteorism, &c., of the typhoid affection. The Professor alluded, also, to cases occurring in this country, in which there was an evident mixture of the two. From all his own observations, and reflections based on the observations of others, he was not, therefore, prepared to admit typhoid and typhus to be two distinct diseases; he thought that both are forms of adynamic fever, presenting different phenomena under different circumstances. In this country, and in France, the intestinal affection is generally present; whilst in England, it would appear to be as commonly absent.

Such being his view, the principal indication in the treatment would be, to combat the pathological conditions as they presented themselves, and support the system until the malignant influence should have passed away; taking care to guard against hyperemia of internal organs, which constitutes the main danger of febrile diseases.

In the case now presented to the class—the history of which follows—certain of the phenomena of true typhoid, as delineated by Louis, Andral, and others, are as well marked, perhaps, as they ever are in any single case, and therefore adapted to impress the characters of the “typhoid affection” the more strongly upon the class.

Elizabeth M—, æt. 27, entered the wards January 21. Had been attacked by a chill, which was followed by fever, with pain in the head. Pulse 80, small and feeble; respiration nearly natural; tenderness and gurgling sound on pressure in right iliac fossa; slight resonance indicated by percussing the abdomen; slight meteorism; a mercurial sœtor was observed, without any mercury having been administered whilst in the Hospital. Two days since, presented evidences of gastro-enteritis, which have gradually disappeared. At this time, the tongue appears slightly furred in the centre; skin moist, but not very hot; great tenderness, and gurgling upon pressure in the right iliac fossa; pulse 80, small and feeble; meteorism scarcely at all marked; *taches rouges* very distinct upon the abdomen, so as to be readily seen by the class.

Was first treated by an emeto-cathartic, and afterwards by mild cathartics; the indication being to keep the intestinal canal clear, but by no means to irritate it by violent purging. For this purpose, the Professor has been in the habit of using the *Oleum Ricini*, in teaspoonful doses, which he has generally found to be sufficient, and which he can recommend, not only in this, but in all other cases in which there is a morbid condition of the lining membrane of the bowels, and a similar indication has to be answered. Sponging the surface with tepid or cold vinegar and water (the latter being equally effectual when used alone), will be found to exert a favorable refrigerant influence, whenever the skin is steadily hot and dry, far exceeding any of the reputed diaphoretic agents so much in use. The Professor would trust little, in these cases, to the shop of the apothecary. He would keep the patient free, as far as possible, from all disturbing influences, as light, noise, &c. It may become necessary, in protracted cases, to excite a new action in the system by touching the mouth with mercury, or to give, as it were, a gentle fillip to the intestinal surface by means of some agent, as the *Oleum Terebinth.*, which may be combined with the *Oleum Ricini* with good effect. External treatment may also be advisable, as cups, or other counter-irritants, to the abdomen: supporting the system in the latter periods, when necessary, by mild excitants, as wine whey, &c. &c. Under this simple treatment, more decided benefit will often be experienced than from any other course. Such has been the result of the Professor's experience, not only in this, but in the bilious remittent fevers of the country. Such, too, appears to be the result in the case at present under consideration, which bids fair, in the absence of any serious complication, to eventuate as favorably as could be desired.—*Medical Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 12, 1844.

Dislocations and Fractures of the Joints.—Under the patronage of the Massachusetts Medical Society, the celebrated work of the late Sir Astley

Cooper, on dislocations, was recently published in this city, by Mr. T. R. Marvin, and copies distributed to the members. At a distance, it may appear to the profession that the work was prepared for those only who happen to belong to the State of Massachusetts. Such is not the fact; the edition is sufficiently large to accommodate an extensive circle of purchasers; and since this particular edition is one of uncommon merit, having been passed through the press under the careful scrutiny of a medical committee, it is altogether superior to any other one, to our knowledge, on sale in this country. If there is confidence to be placed in the experience and maxims of any surgeon, Sir Astley Cooper has an unquestionable claim to this confidence. The more extensively his writings are studied, the more learned and successful will practitioners become.

Large Profits on a Small Capital.—A man has strewn his circulars over the city and neighboring country towns, in which he announces Mesmeric examinations. He "begs to state that his subject is able to make accurate and critical examinations at all times, without regard to the state of the weather. He makes this announcement because many subjects are unable to examine patients in rainy or cloudy weather, and persons from the country are frequently obliged to tarry in the city several days on expense." They will be on expense if they become the dupes of these speculators in human credulity, by staying half an hour.

We have frequently had occasion to allude to the fact that Boston abounds with all orders of quacks. And it is surprising how well they succeed in business. But the resident inhabitants are not the patrons of this hungry pack of knaves, to the extent that might be at first supposed. The country people, influenced by the mightiness of their all-promising advertisements, flock to their doors in crowds, and thus permit themselves to be enormously imposed upon for the support of men and women who would not be admitted into decent society. Here we have *eminent female physicians*, who have no more knowledge of diseases than they have of the quadrature of the circle, yet they are in the receipt of an income, for a moiety of which, some forty half-starved physicians, of high intellectual attainments, would be thankful.

But the Mesmeric exploration into the chest and abdomen, is altogether a new kink, and takes wonderfully well of late. The number of adventurers is rapidly multiplying, so that to get a share of business, every new debutant who enters the field must see a little more and a good deal farther than his neighbor who pursues the same system of iniquity. By this simple modification of the original principle of deception, the whole community is accommodated according to the measure of their individual credulity and the length of their purses. A patient waits upon one of these Mesmerizing doctors, who manipulates Miss — into a profound slumber, which is accomplished so very quickly, if both parties happen to be in haste, as sometimes to lead a pretty stupid invalid to suspect some trickery in the matter. However, with both eyes closed, she forthwith begins to describe, for example, ulcers on the kidneys, red spots on the liver, blood in the brain, water in the bowels, strings in the heart, and so on, till the poor sap-head, alarmed and thunderstruck at the *clairvoyant* development, cries out, enough! pays the fee, and returns home by the next train of cars, to brood over these important discoveries, which

had eluded the skill of a very respectable physician, in whom, till now, he had had perfect confidence.

This is by no means an exaggerated illustration of the *Mesmeric exploration mania* that is now rife in the city of Boston. Of the qualifications of the persons engaged in this shameful system of sponging, which, by the way, may be an indictable offence, those who stand in the relation of spectators cannot be indifferent judges. It is humiliating, in this age of the world, when the sun of knowledge shines with increasing splendor, that such individuals should be permitted to traffic so largely in human health and human happiness, unrestrained by the arm of the law.

New System of Organic Chemistry.—M. Gehradt, a professor at Montpellier, in France, is said to have produced a new work on organic chemistry. He translated Liebig's treatise; but in the course of his labor became convinced of the insufficiency of the theory of organic radicals adopted by his author, and at once, therefore, entered upon the composition of an entirely new work, in which equivalents are introduced, wholly unknown to other writers. M. Gehradt attempts classing organic substances into families. From the little that can be gathered in relation to the subject, it is apparent that some of the French philosophers are looking with no ordinary expectations in regard to the impression this new book will make in the scientific world. The fact is, however, Dr. Liebig took them all by surprise, and they are endeavoring to check his onward career to fame.

Transylvania Medical School.—In the Boston Courier there was an article last week, taken from the Louisville Journal, stating that Drs. Cross, Mitchell and Richardson, are said to be making war upon Drs. Dudley, Bush, &c. All this may be true, for aught we know to the contrary, yet it really appears very strange that such agreeable men, after having been associated many years, could suddenly fall to loggerheads. Dr. Dudley has a reputation that secures him against the assaults of a brigade of assailants; and a fortune sufficiently ample to provide for two generations of lineal descendants, should he never see another school of medicine. When the old Transylvania institution dies, many will deplore its death.

Montreal Medical Gazette.—Recently, soon after the publication of the second No., we were presented with specimens of the Montreal Medical Gazette. It is published monthly by Messrs. Lovell & Gibson, and confided to the editorial guidance of Francis Badgley, M.D., and William Sutherland, M.D., both residents of that city. Dr. Badgley, whom we have the pleasure of knowing personally, is a man of distinguished professional attainments, with zeal and enterprise to meet all contingencies, till the Gazette is fairly established on a substantial foundation. His associate has a reputation for qualities equally necessary and available in commencing a scientific periodical. There are practitioners enough in the British North American possessions to sustain the Journal triumphantly; and if they do not do it, they will certainly excite the surprise of their neighbors in the States. The medical staff of the different regi-

ments quartered at Halifax, Quebec, Kingston, Toronto, &c., are abundantly able to render important assistance, as well as patronage. There is one feature in the new Journal that strikes us favorably. It is that the French practitioners report in French, and the English in their vernacular, and thus both are accommodated. In Lower Canada, a large proportion of the physicians cannot speak the English language at all. A Journal, therefore, from which articles in French were excluded, would be of no kind of use to many gentlemen of very eminent medical attainments. We confess ourselves warmly interested in the future success and stability of the Medical Journal of Montreal.

Extirpation of Ovarian Tumors.—By an extract from the Medico-Chirurgical Review, copied into this Journal last week, it will be seen that the new method of removing dropsical ovaria is not approved of by all the European surgeons. The editor of the London Lancet has likewise written strongly against the general adoption of the operation. The following extract from the London Medical Times presents a more favorable view of the subject.—“Clay, Walne, and F. Bird, have excised ovarian tumors more frequently than any other English surgeons we know of, all of them with much success. Another eminent surgeon, Mr. Benj. Phillips, surgeon to the Westminster Hospital, has also performed this operation, we believe with great skill and success. In fact, it is now a received improvement, and few of our best surgeons would hesitate about its adoption in circumstances offering what we would call an appropriate *casus belli*.”

Impetigo. By W. HUGHES WILLSHIRE, M.D., M.B.S.—When occurring in infants, during the first dentition, Erichsen, Plenck, Granville, Billard, Bielt, and others, doubt the propriety of interfering, and driving in the eruption suddenly. According to Erichsen, in the acute stage in older persons, all specific remedies are perfectly useless. In the more chronic stages, Erichsen has found a lotion of the sulphuret of potash, with sulphurous waters taken internally, the best mode of treatment. Cazenave and Schedal, although advising a lotion of sulphuret of potash, carbonate of potash or soda, and water, state that the preparations of sulphur have been too generally recommended, and that their indiscriminate employment, especially in the earlier stages, is often decidedly injurious. In some instances, Erichsen uses an ointment of the nitrate of mercury, or else of the peroxide; and if the itching is very troublesome, a lotion of the oxide of zinc, with a little prussic acid, is advisable.

Rayer approves of sulphurous lotions, and ointments of the nitrate of mercury; and Dr. Thomson has seen the best results from the use of the latter. A combination of the acetate of lead and prussic acid, or the application of blisters to the part, have also been recommended. The internal remedies of late spoken well of, are: arsenic, sulphur, nitric acid and the bichloride of mercury.—*Ibid.*

Alcoholic Odor detected in Serous Effusion in the Ventricles of the Brain. By L. BRADLEY, M.D., of Elgin, Kane Co., Ill.—On the 6th of February last, Drs. J. and E. Tift, of this village, with myself, were summoned before a coroner's inquest, holden upon the body of Samuel Page, for the purpose of examining the body, and giving testimony in the case. It ap-

peared, from the evidence before the jury, that the deceased was found about two miles from this village, in his wagon, with his feet hanging over the fore board, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, as if in deep and heavy sleep; his breath was stertorous and difficult. He was taken to a neighboring dwelling, where he expired in about ten minutes. He had, a short time previously, left a "grocery" in this place, where he had been drinking freely; had been on a journey for some days, on his way to Iowa, and had been in the habit of drinking two or three times a day on the road, but was not an habitual drunkard. He left the "grocery" partially intoxicated, without mittens, or any other extra over-clothes, though the weather was somewhat below freezing point. He was a hardy, rugged man, plethoric and robust, with ample chest and a thick short neck.

Inspection.—Upon opening the cranium, about six hours after death, dark-fluid blood poured rapidly from the sinuses, to the amount of eight or ten ounces. The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles, some serous effusion. The medical witnesses agreed in expressing their opinion, that the deceased died of apoplexy, caused by an intemperate use of stimulating liquor, and exposure to cold, superadded to a strong predisposition of the system to that disorder. The verdict of the jury was, "death by apoplexy caused by intemperance."

The circumstance, and, indeed, the only one, that I thought rendered this case worthy of particular note, was the fact, that the effused fluid found in the ventricles, yielded strongly the alcoholic odor; this was so apparent that it was readily recognized by every member of the jury. Thus, we have a fact, corroborating others which have been reported, proving satisfactorily that, in some way, alcohol in substance does find its way to the brain.—*Illinois Medical and Surgical Journal.*

Centre District Medical Society, N. H.—On Wednesday, May 1st, the following gentlemen were elected as officers for the ensuing year:—Ezra Carter, M.D., Concord, *President*; Jesse Merrill, M.D., Franklin, *Vice President*; E. K. Webster, M.D., Boscawen, *Secretary*; Warren E. Chase, M.D., Boscawen, Wm. D. Buck, M.D., Concord, James A. Tilton, M.D., Chichester, *Counsellors*; M. T. Willard, M.D., Concord, *Treasurer*; C. P. Gage, M.D., Concord, *Librarian*; Drs. Carter and Chase, *Library Committee*; Benjamin H. Tripp, M.D., Concord, was elected an associate.

Dissertations were read by Dr. H. Gage, of E. Weare, upon "*Alterants*," and by Dr. C. T. Berry, of Pittsfield, upon "*The Influence of Mind upon Disease*."

TO CORRESPONDENTS.—A paper from Dr. Slack has been received, and will be reserved till another, on the same subject, already acknowledged in the Journal, has been disposed of.

MARRIED.—At Morris, N. Y., Dr. Samuel Galentine to Miss Anna Mary Alden, both of Nunda Valley.

Number of deaths in Boston for the week ending June 8, 26.—Males, 12; Females, 14. Stillborn, 8.

Of consumption, 2—fits, 2—dropsy, 2—wounds, 1—teething, 2—liver complaint, 1—syphilis, 1—erysipelas, 1—scarlet fever, 3—dropsy in the brain, 4—lung fever, 1—inflammation of the bowels, 1—palsy, 1—apoplexy, 1—intemperance, 1—throat distemper, 1—typhus fever, 1.

Under 5 years, 12—between 5 and 20 years, 1—between 20 and 60 years, 11—over 60 years, 2.

Sponge in the Stomach.—Dr. Chowne narrated, at a meeting of the Medical Society of London, the case of an infant, three months and a half old, who, while being fed from a bottle, the artificial nipple of which was formed by the end of a glove, in which a piece of sponge was enclosed, suddenly appeared to choke, and became very red in the face. These symptoms passed off, and the child continued to feed. The bottle was afterwards examined, and the sponge being missed, the mother at once conjectured that the child had swallowed it, and a medical man was called in, who ordered half an ounce of castor oil to be taken immediately. No pain or inconvenience resulted, and thebit of sponge ultimately passed *per anum*. Dr. Chowne mentioned the case on account of the popular belief that sponge, cork, &c., when taken into the stomach, caused fatal results, not by poisoning, as it did not appear to possess any poisonous properties, but by the mechanical irritation or obstruction it produced. Cases of death caused by swallowed pieces of cork are not at all frequent, but one has been mentioned of a good-sized dog that died from swallowing half a wine-cork. The action of sponge in the stomach is not known. It is supposed, popularly, to be injurious, from its being indigestible, and liable to swell: it is regarded, professionally, as a mechanical irritant. Dr. Chowne then referred to two cases recorded by Mr. Rickwood, in the *Veterinarian*, of sponges swallowed by horses. In the first, after the liberal use of aloes and calomel, for nine or ten days, the animal did well, without having passed the sponge *per anum*: in the other, the period when the sponge was swallowed was not known; the horse was only known to have done so, from its passing the sponge in a fœtid state by the bowels. The first horse was not watched after the tenth day. These two cases, Dr. Chowne observed, were in opposition to each other as to the digestibility of sponge, a process which, he remarked, might be aided in the horse, from the fact that the bowels also participate in the performance of that function.—*London Medical Times*.

On the Frequency of Cancer.—Dr. Tanchon addressed a letter to the Parisian Academy of Sciences, containing the following remarks on this disease. From statistical tables it would appear that the number of cancers augments annually; in England, Mr. Farre indicates 2448 in 1838, and 2691 in 1839; at Berlin a similar remark; on the registers for the deaths in the department of the Seine, 1830—668 were produced by cancer, or 1.96 per cent.; and, in 1840, there were 889, or 2.40 per cent. The cause of this disease seems to be aggravated by civilization; for it is more frequent in populous cities than in the country; thus, in Paris there are 2.54 deaths per cent., and only 1.63 in the country. Of 9118 deaths caused by cancer, there were, in France, 6967 women, and 2161 men; and, in England, on 5139 deaths, 3559 women, and 1220 men. The age in which it appeared was from 40 to 70. In the female the breast, and in the male the stomach, is mostly the seat. As to the treatment: surgeons operate, though they admit that extirpation does not cure, and that the disease frequently reappears and ultimately carries off the patient; should they, however, not operate, from the refusal of the sufferer, or any other cause, they leave the disease to nature, saying that there is nothing to be done. From these remarks and his experience, the author concludes that extirpation ought never to be had recourse to, but when all other means have failed.—*Ibid*.